



ENROLLMENT QUESTIONNAIRE
ND DEPARTMENT OF HUMAN SERVICES/Medical Services
SFN 973 (Rev. 05-2001)

Type of Provider:
<input type="checkbox"/> Individual Practitioner (Complete Part A)
<input type="checkbox"/> Practice or Group (Complete Part A)
<input type="checkbox"/> Hospital/Long Term Care (Complete Part B)
<input type="checkbox"/> Pharmacy (Complete Part B)

INSTRUCTIONS:

1. Check type of provider.
2. Section I to be completed by all providers.
3. Complete applicable part in Section II.

Disclosure of the social security number is required pursuant to 26 CFR 301.6109-1 and is requested for the purpose of reporting tax information. Failure to disclose this information results in a \$50 penalty under 26 CFR 301.6723-1 unless it is due to reasonable cause and not to willful neglect.

SECTION I

Provider Name:		Name Match:		Telephone Number:	
Mailing Address:		City:		State:	Zip Code:
Billing Name - - Address to which all correspondence/payments are to be mailed (if different from above)					
Street Address:		City:		State:	Zip Code:
County of Business:		Dates of Fiscal Year:		From: To:	
Provider Type: (From list on back)		Provider Speciality: (From list on back)		Date Speciality Certified: (if applies)	
What is proprietary nature of your practice? <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Hospital based physician <input type="checkbox"/> Non-profit					
PART A to be completed by INDIVIDUAL PRACTITIONER AND PRACTICE or GROUP ONLY					
Do you practice in a group or clinic <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete group information					
1st Group Name:		Clinic Medicaid Number:	2nd Group Name		Clinic Medicaid Number:
Address:		Address:			
City:	State:	Zip Code:	City:	State:	Zip Code:
Medicare Provider Information - We have an agreement to electronically receive Medicare crossover claims. Claims are crossed over using your Medicare Provider Number. It is extremely important that all providers list the Medicare number they want their claims to crossover with. We need to assign a Medicaid number to all active Medicare Provider Numbers. Providers with Medicare numbers must complete the following section.					

List all your North Dakota Medicare Provider Numbers:

1.	2.	3.	4.
List Current ND Medicare Provider Numbers:		UPIN Number:	License Number:
IRS Reporting Number:		Social Security Number:	

SECTION II

PART B to be completed by HOSPITAL/LONG TERM CARE only			
Program your facility is certified to bill:			
Medicare Part A	Billing Number:	Certification Effective Date:	
Medicare Part B	Billing Number:	Certification Effective Date:	
Medicaid	Billing Number:	Certification Effective Date:	
Name of Facility Administrator:			Number of Beds Certified:
If Long Term Care - Check Levels of Care <input type="checkbox"/> Nursing Facilities <input type="checkbox"/> Day Care <input type="checkbox"/> Intermediate Care-Mental Retardation			
Control of Medical Facility: <input type="checkbox"/> Public <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Charitable/Religious Organization <input type="checkbox"/> Proprietary-Private			
PART C to be Completed by PHARMACY only Narcotic License Number			
1.	2.	3.	
Signature:			Date:

NORTH DAKOTA MMIS CODES

PROVIDER TYPES

01 General Hospital	32 Optician	58 Aging QSP
02 Mental Hospital	33 Audiologist	59 Federally Qualified Health Centers
04 Rehab Hospital	34 Speech Therapist	60 Pharmacy
05 State Hospital	35 Physical Therapist	61 Hearing Aid Dealer
06 Alcohol and Substance Abuse Center	37 Nurse Anesthetist	62 Medical Equipment Supplier
12 Swingbed	40 Dentist	65 RN
13 Intermediate Care Facility (ICF/MR)	48 Screening Clinic	66 LPN
14 All Nursing Homes	49 CCS Diagnostic Clinic	67 Nurse Practitioner
15 Basic Care	50 Independent Clinic	70 Independent Laboratory
20 Physician	51 Public Health Department Clinic	71 Independent X-Ray Service
25 DD Providers	52 Family Planning	80 Medical Transportation
26 Chiropractor	53 Professional Clinic - Optometry	81 Miscellaneous Transportation
28 Psychologist	55 Rural Health Clinic	90 Health Maintenance Organization
30 Podiatrist	56 Community Mental Health Center	99 Miscellaneous
31 Optometrist	57 Home Health Agency/Hospice	

PROVIDER SPECIALITY CODES

01 General Practice/Family Practice	41 Internal Medicine	71 Diagnostic X-Ray
02 General Surgery	43 Pediatric Allergy	72 Diagnostic Laboratory
03 Allergy	48 Podiatry	73 Physio-Therapy
04 Otolaryngology, Rhinology	49 Transportation	74 Occupational Therapy
05 Anesthesiology	51 Medical Supply Company with Certified Orthotist	79 Basic Care
06 Cardiovascular Disease	52 Medical Supply Company with Certified Prosthetist	80 Hospitals & Nursing Homes
07 Dermatology	53 Medical Supply Company with Certified Prosthetist-Orthotist	81 Optician/Optomist
10 Gastroenterology	54 Medical Supply Company not included in 51, 52, 53	82 Emergency Medical Services
13 Neurology	55 Individual Certified Orthotist	83 Orthodontist
14 Neurological Surgery	56 Individual Certified Prosthetist	84 Pedodontist
16 OB - Gynecology	57 Individual Certified Prosthetist-Orthotist	85 Periodontist
18 Ophthalmology	58 Individual not included in 55, 56, 57	86 Endodontist
19 Dentists (DMD and DDS)	59 Ambulance Service supplier, Private	87 Pharmacy
20 Orthopedic Surgery	60 Public Health or Welfare Agencies & Clinics	88 Christian Scientist Sanitorium
22 Pathology	61 Voluntary Health or Charitable Agencies	90 Dietitians
24 Plastic Surgery	62 Psychologist (billing independently)	91 RN
25 Physical Medicine and Rehabilitation	63 Portable X-Ray Supplier (billing independently)	92 LPN
26 Psychiatry	64 Audiologist (billing independently)	93 Nurse Practitioner
28 Colon & Rectal Surgery	65 Individual Physical Therapist	94 Pharmacology
29 Pulmonary Disease	66 Home Health/Aging	95 Speech Therapy
30 Radiology	67 Respiratory Therapist	99 Unknown/Misc.
33 Thoracic Surgery	69 Independent Laboratory (billing independently)	
34 Urology	70 Clinic	
35 Chiropractor		
36 Nuclear Medicine		
37 Pediatrics		
38 Geriatrics		
39 Nephrology		
40 Hand Surgery		